|  |   | Application or Docket Number |
|--|---|------------------------------|
|  | 1 | · · ·                        |
| DATENT ADDI ICATION EEE DETEDMINATION DECODD |   |                              |

Effective October 1, 2000

RSW9200101

| (Column 1) (Column   |                      |   |              |                               | mn 2)                |                  | SMALL ENTITY TYPE OR |               |                        | OTHER THAN SMALL ENTITY |            |                        |
|--|----------------------|---|--------------|-------------------------------|----------------------|------------------|----------------------|---------------|------------------------|-------------------------|------------|------------------------|
| TC   | TAL CLAIMS           |   | 44           |                               |                      |                  | ſ                    | RATE          | FEE                    | 1                       | RATE       | FEE                    |
| FOR  |                      | NUMBER FILED                              |              | NUMBER EXTRA                  |                      |                  | BASIC FEE            | 355.00        | OR                     | BASIC FEE               | ·710.00    |                        |
| TOTAL CHARGEABLE CLAIMS  |                      | ∰minus 20=                                |              | . 24                          |                      |                  | X\$ 9=               |               | OR                     | X\$18=                  | 432        |                        |
| INDEPENDENT CLAIMS   |                      | minus 3 = *                               |              | • 4                           |                      |                  | X40=                 |               | ÓR                     | X80=                    | 340        |                        |
| MULTIPLE DEPENDENT CLAIM PRI   |                      |   | RESENT       |                               |                      |                  |                      | +135=         |                        | OR                      | +270=      |                        |
| * If th difference in column 1 is  |                      |   | less than ze | ro, ente                      | "0" in c             | olumn 2          | Ł                    | TOTAL         |                        | OR                      | TOTAL      | 1462                   |
| CLAIMS AS AMENDED - PART II  |                      |   |              |                               |                      |                  |                      |               |                        | ١٠٠٠                    | OTHER      |                        |
|  |                      | (Column 1)                                |              | (Colu                         | mn 2)                | (Column 3)       | _                    | SMALL         | ENTITY                 | OR                      | SMALL      |                        |
| AMENDMENT A  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |                      | RATE          | ADDI-<br>TIONAL<br>FEE |                         | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total                | •   | Minus        | **                            |                      | = .              |                      | X\$ 9=        |                        | OR                      | X\$18=     |                        |
|  | Independent          | *<br>INTATION OF MI                       | Minus        | ***                           | C CL AINA            | =                |                      | X40=          |                        | OR                      | X80=       |                        |
|  | FIRST PRESE          | NIATION OF ME                             | OLTIPLE DEF  | PENDEN                        | CLAIM                |                  | 9                    | +135=         |                        | OR                      | +270=      |                        |
|  |                      |   |              |                               |                      |                  | L                    | TOTAL         |                        | OR                      | TOTAL      |                        |
|  |                      | (Column 1)                                |              | (Colu                         | mn 2)                | (Column 3)       | ,                    | ADDIT. FEE    |                        |                         | ADDIT. FEE |                        |
| AMENDMENT B  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH                          | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |                      | RATE          | ADDI-<br>TIONAL<br>FEE |                         | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total                | *   | Minus        | **                            |                      | =                |                      | X\$ 9=        |                        | OR                      | X\$18=     |                        |
|  | Independent          | *   | Minus        | ***                           |                      | = -              | l                    | X40=          |                        | OR                      | X80=       |                        |
|  | FIRST PRESE          | NTATION OF MI                             | ULTIPLE DEF  | ENDEN                         | CLAIM                | البالب           | 1                    | +135=         |                        | OR                      | +270=      |                        |
|  |                      |   |              |                               |                      |                  | L                    | TOTAL         |                        | OB I                    | TOTAL      |                        |
|  |                      | (Column 1)                                |              | (Colu                         | mn 2)                | (Column 3)       | ρ                    | ADDIT. FEE    |                        |                         | ADDIT. FEE |                        |
| AMENDMENT C  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI          | IEST<br>BER          | PRESENT<br>EXTRA |                      | RATE          | ADDI-<br>TIONAL<br>FEE | ٠.                      | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total                | *   | Minus        | **                            |                      | =                |                      | X\$ 9=        |                        | OR                      | X\$18=     |                        |
|  | Independent          | *   | Minus        | ***                           |                      | =                |                      | X40=          |                        | OR                      | X80=       |                        |
| L  | FIRST PRESE          | NTATION OF M                              | ULTIPLE DEF  | PENDEN                        | T CLAIM              |                  | <b>∤</b> ├           |               |                        |                         |            |                        |
|  | If the entry in colu |   | +135=        |                               | OR                   | +270=            |                      |               |                        |                         |            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                      |   |              |                               |                      |                  |                      |               |                        |                         |            |                        |
|  |                      | nber Previously Pa                        |              |                               |                      |                  | er fou               | nd in the app | ropriate box           | c in co                 | lumn 1.    |                        |